

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90172 043 ***150.00

DOCUMENT # P04000023756

1. Entity Name

TERRI'S PAINTING, INC.



Principal Place of Business
**205 S.E. FIRST AVENUE
CHIEFLAND FL 32626**

Mailing Address
**205 S.E. FIRST AVENUE
CHIEFLAND FL 32626**

2. Principal Place of Business

205 S.E. First Ave.

Suite, Apt. #, etc.

3. Mailing Address

205 SE First Ave.

Suite, Apt. #, etc.

City & State

Chiefland FL

City & State

Chiefland FL

Zip

32626

Country

Levy

Zip

32626

Country

Levy

4. FEI Number

20-0693289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUTTS, ROBERT P ESQ.
FISHER, BUTTS, SECHREST & WARNER, P.A.
5203 S.W. 91ST TERRACE, SUITE D
GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MACDONALD, TERRI LEANNE**
STREET ADDRESS **205 S.E. FIRST AVENUE**
CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE **SD** ☐ Delete
NAME **PLUMMER, BRIAN LEE**
STREET ADDRESS **205 S.E. FIRST AVENUE**
CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **T. Terri MacDonald**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05

Date

352-493-2378

Daytime Phone #